
UTAH PRIMARY CARE NETWORK (PCN)

ENROLLEE SELF-HEALTH ASSESSMENT

July 2002 – December 2004

For the 824 PCN Applicants
Who Completed Health Assessment Forms
July 1, 2002 Through December 31, 2004

Submitted to:
Executive Director's Office
and
Division of Health Care Financing

By:
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Executive Summary

PCN Health Assessment Report for Total Sample (N=824) - Indicators

The report on the PCN respondents' self-health assessments intends to provide baseline and on going information to the PCN program and its partners. The information in the report is organized around ten health indicators as follows:

Health Indicator	Baseline	Year 1	Year 2
Health Status and Conditions			
1. Self-Reported Health Status (SF-12)			
Physical Health Component	48.22	46.75	46.34
Mental Health Component	40.61	40.32	40.23
2. Prevalence of Chronic Conditions			
Arthritis (previously diagnosed)			
Asthma (previously diagnosed)	17.1%	21.0%	21.6%
Diabetes (previously diagnosed)	13.5%	13.6%	15.0%
High Blood Pressure (previously	11.5%	12.5%	14.9%
diagnosed)	19.8%	22.3%	27.2%
Health Risk Behavior			
3. Prevalence of Smoking and Chewing Tobacco Use	23.7%	26.9%	24.3%
Health Care Utilization in the Past 6 Months			
4. Got Needed Care			
Medical Care	64.7%	81.0%	83.5%
Dental Care	42.3%	62.7%	60.7%
Prescription Medication	62.3%	77.6%	79.6%
5. Received Routine Health Care	50.5%	72.1%	72.3%
6. Emergency Department Visits	16.2%	17.7%	16.2%
7. Hospitalization	6.4%	4.4%	4.2%
8. Got Specialty Care	60.0%	42.9%	45.2%
Dissatisfaction with Health Care in the Past 6 Months			
9. Problem Getting Needed Care	38.9%	32.4%	33.6%
10. Problem Getting Referrals to Specialists	39.6%	54.5%	60.6%

Executive Summary

PCN Health Assessment–Selected Major Findings

- ❑ Over the course of 2 years, self-reported physical health scores are gradually decreasing, indicating poorer overall health; however, these changes are slight and non-significant. Of importance, overall, PCN respondents in general are in poorer health than the U.S. general population, especially among those respondents over age 35.
- ❑ Mental health status of PCN respondents is much poorer than the U.S. general population in every age group.
- ❑ For all conditions except oral health problems, previously-diagnosed chronic conditions among PCN respondents increased from baseline to year 2 of enrollment.
- ❑ With the exceptions of cancer and alcohol/drug problems, PCN respondents continue to be impacted by a variety of self-reported current conditions. Arthritis, diabetes, and asthma are the three primary conditions that are currently impacting PCN respondents.
- ❑ During the course of their enrollment, PCN respondents reported needing more medical care, prescription medications, and dental care.
- ❑ In comparison to baseline reports, after 2 years, PCN respondents received more needed medical care, dental care, and prescription medications. Many PCN respondents reported mental health care to be an unfulfilled need.
- ❑ PCN respondents obtained significantly more routine health care during the course of their enrollment, such that by year 2, approximately 22% more respondents indicated obtaining routine health care some time during the six months prior to completing the PCN health assessment.
- ❑ Approximately one in six respondents utilized emergent care some time during the six months prior to completing the PCN health assessment form. PCN respondents utilize ER services approximately 4% more than the Utah general population.
- ❑ Utilization rates of overnight hospitalizations changed very little over the two years of enrollment. PCN respondents utilize inpatient services approximately 2.5% more than the Utah general population.
- ❑ The number of PCN respondents who needed to see a specialist increased by approximately 10% between their baseline assessment and year 2 assessment. Of those respondents, approximately 45% actually received needed specialty care.
- ❑ PCN respondents report significant problems obtaining referrals for specialists, with 20% more respondents reporting problems at year 2 as compared to baseline assessments.
- ❑ Approximately one in three PCN respondents reported having a problem in getting needed care, which represents a 5% drop in respondents reporting problems between baseline and year 2.

Acknowledgements

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Other evaluation reports of the Primary Care Network can be found at: <http://health.utah.gov/hda/report/pcn.html>

I. Purpose of the Report

Self-health assessments of PCN enrollees are designed to provide baseline and ongoing information to the Utah Primary Care Network (PCN) Program, PCN providers, partners, and other interested parties. Yearly reports integrate this information into ten health indicators focusing on PCN enrollees' health status, utilization, and satisfaction with receiving care prior to participating in the PCN program. The purpose of this report is to help the aforementioned users better assess the needs of PCN enrollees in order to improve health care services for the targeted population.

II. PCN Enrollee Self-Health Assessment

The Office of Health Care Statistics (OHCS), Center for Health Data, Utah Department of Health, is responsible for evaluating the health outcomes of Utah's Primary Care Network (PCN) enrollees. The health outcome evaluation will answer the following question regarding the impact of PCN: Does the availability of primary and preventive care improve the enrollees' health status and improve their access to health care and satisfaction with the care? To accomplish this objective, OHCS has developed a self-health assessment questionnaire (see Appendix A) to gather baseline health information on all first-year Primary Care Network enrollees around their enrollment time, as well as subsequent self-health assessment questionnaires (see Appendix B and C) to gather ongoing health information for Primary Care Network reenrollees and disenrollees.

The PCN client longitudinal surveys were conducted in three waves, beginning with those who enrolled during the first six months of the program. These clients were followed and re-surveyed over the next two years.

The Office of Health Care Statistics (OHCS) in the Center for Health Data, Utah Department of Health developed a self-health assessment questionnaire to gather baseline health information on all first-year Primary Care Network enrollees around their enrollment time during July 1 to December 31, 2002. The Baseline survey was administered in two different methods to accommodate two types of eligible PCN applicants. After an uninsured adult applied for PCN, the individual was then deemed either eligible or ineligible for the program. PCN eligibles were required to attend a PCN orientation. During the orientation meeting, each participant was asked to voluntarily complete the health assessment form. In some cases, the applicants returned the survey with a stamped self-addressed envelope to OHCS. By the end of December 2002, OHCS received 9,478 assessment forms collected through the orientations. Another type of applicant was former beneficiaries of Utah Medical Assistance Program (former UMAP). All former UMAP beneficiaries received notices and a PCN application form from the PCN program before July 1, 2002. They could enroll in PCN by mailing back the PCN application form with other required materials to the PCN program in July 2002. Former UMAP clients who applied for PCN and did not attend an orientation meeting were contacted by mail from OHCS over the course of eight weeks after August 1, 2003. OHCS mailed out the health assessment survey to 621 former UMAP PCN applicants. A 30-minute free phone card was sent to the respondents after they returned the assessment forms. Three separate mailings were sent by OHCS, followed by a reminder postcard seven days after each mailing. Nearly 82% (n = 506) of former UMAP clients who received a survey by mail sent back a completed form.

The first post-enrollment assessments were mailed to a sample of members (n = 3,000) who renewed their PCN membership between July and December 2003. The questionnaire was similar to that used at Baseline, with a few additional client satisfaction questions. Approximately 500 PCN members were randomly selected from all renewed members in each of the six months. A 60-minute free phone card was sent to the respondents after they returned the assessment forms. Three separate mailings were sent by OHCS, followed by a reminder postcard seven days after each

mailing. Approximately 2,233 respondents completed and returned the post-enrollment assessments. Response rate was 75.7%. A total of 1,992 pre- and post-assessment records were successfully matched and included in this study.

The second post-enrollment assessments were conducted during May to June, 2005 among the 1,992 PCN members who participated in the Wave One survey. The Wave Two questionnaires were mailed to those who renewed their PCN membership (n=1,059). A disenrollment questionnaire was mailed to those who did not renew their PCN membership (n=933). The same mail survey method and incentives were used in the Wave Two survey. Approximately 824 PCN members returned the enrollment assessment form (response rate= 77.8%). About 457 former PCN members returned the disenrollment survey forms (response rate = 50.0%).

III. PCN Health Assessment Respondents Covered by this Report

The term “PCN health assessment respondents” or “PCN respondents” is used throughout this report to describe the results of the self-health assessment surveys. A total of 824 PCN respondents returned all 3 years of assessment forms. Ten health indicators are presented in this report.

More than 23% of PCN respondents in this report possess a college degree two years or higher, and approximately 11% of this population is age 55 or over. The majority of the respondents are female (58.6%). Approximately 95% of the respondents report ‘English’ as a language spoke at home.

IV. Selected Health Indicators for PCN Health Assessment:

Ten health indicators are derived from the PCN health assessment questions, including two health status indicators, five health care utilization indicators, one health risk behavior indicator, and two enrollee dissatisfaction indicators. Benchmark and comparable information will be selected and reported with the PCN information in future reports.

Health Status and Health Conditions:

Indicator 1: Self-Reported Health Status (SF-12)

Indicator 2: Prevalence of Chronic Conditions

This section of indicators will serve as outcome measures for the PCN program performance. Meanwhile, the PCN program can use the information on prevalence of chronic conditions to conduct health promotion and disease prevention efforts to PCN enrollees.

Health Care Utilization:

Indicator 3: Got Needed Care

Indicator 4: Received Routine Health Care

Indicator 5: Emergency Department Visits

Indicator 6: Hospitalizations

Indicator 7: Got Specialty Care

This section of indicators represents needs assessment for PCN services. It provides information to PCN policymakers to modify or update PCN coverage policies and provider recruitment. The PCN program can also use the information to promote use of primary and preventive care among PCN enrollees.

These indicators also serve as indirect outcome measures. With the improvement of health status of PCN enrollees, their health care needs will change accordingly.

Risk Behavior:

Indicator 8: Prevalence of Smoking and Chewing Tobacco Use

This risk behavior indicator is also an indicator of PCN enrollees' need for preventive care. The PCN program can use the information to conduct targeted intervention to PCN tobacco users to reduce health risk among the PCN population.

Enrollee Dissatisfaction:

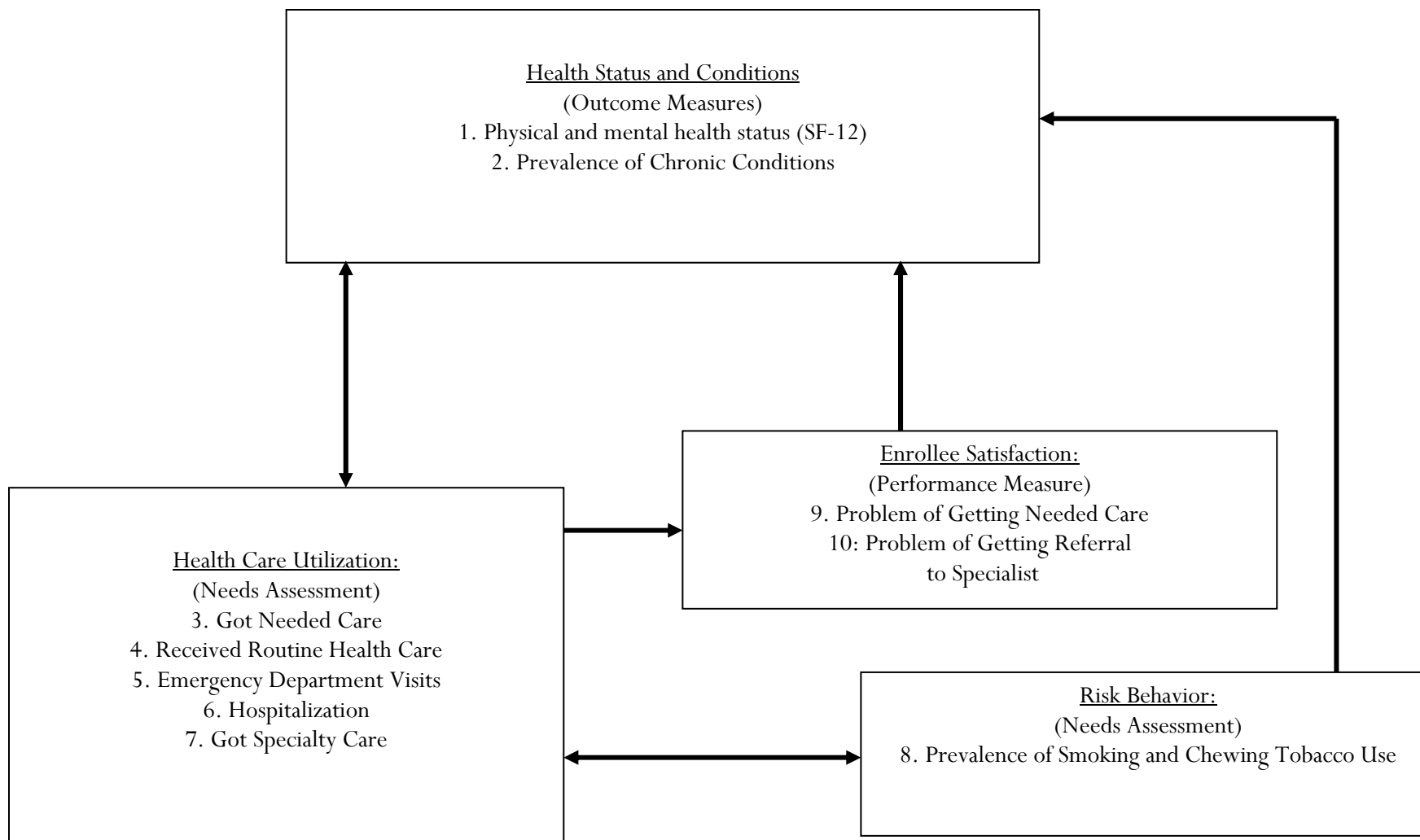
Indicator 9: Problem of Getting Needed Care

Indicator 10: Problem of Getting Referral to Specialists

These two indicators are program performance measures and reflect enrollees' satisfaction with PCN coverage in general (Indicator 9) and the adequacy of the PCN voluntary specialist network (Indicator 10).

The relationship and interaction among the PCN health indicators is further described in the diagram:

Relationship and Interaction Among PCN Health Indicators and Outcome or Performance Measures
A Framework Based on the PCN Self-Health Assessment Survey



V. Information on Each of the Selected Indicators

Indicator 1: Enrollees' Self-Reported Health Status (a) – Physical Component (SF-12)

PCN Program Objective

To increase PCN enrollee self-reported physical health status scores.

A. SF-12 SELF-REPORTED HEALTH STATUS PHYSICAL COMPONENT SCORE ('100' = THE BEST HEALTH STATUS)¹

Score (Standard Deviation)	Baseline Respondents N=789	Year 1 Respondents N=799	Year 2 Respondents N=788	U.S. Norm Physical Component, 2002
Physical Component	48.22 (15.21)	46.75 (14.85)	46.34 (15.26)	49.63

SF-12 Physical Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Baseline Respondents N=789	Year 1 Respondents N=799	Year 2 Respondents N=788	U.S. Norm Physical Component, 2002
19-24	53.72 (13.53)	50.70 (13.41)	54.33 (13.12)	53.02
25-34	54.81 (12.38)	51.17 (13.61)	52.95 (12.71)	53.27
35-44	49.79 (14.94)	47.80 (15.33)	47.42 (15.52)	52.00
45-54	43.76 (15.22)	44.50 (14.56)	41.26 (15.04)	49.35
55+	40.74 (14.72)	40.54 (13.94)	40.02 (13.59)	46.90

Major Findings

- Although non-significant, Physical Health Status appears to decline the longer respondents remain enrolled in the PCN program; however, this trend does appear to vary by age group, with younger respondents reporting better physical health. Furthermore, individuals who remained enrolled in the PCN program may have been sicker to begin with, having more health ailments than those who disenrolled from the PCN program.
- When compared to the U.S. Norm, PCN enrollees generally have poorer physical health, especially among those 35 and older.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" Quality Metric, Inc., pgs. 83-84, 2002.

INDICATOR 1: ENROLLEES' SELF-REPORTED HEALTH STATUS (B) – Mental Component (SF-12)

PCN Program Objective

To increase PCN enrollee self-reported mental health status scores.

B. SF-12 SELF-REPORTED HEALTH STATUS MENTAL COMPONENT SCORE ('100' = THE BEST HEALTH STATUS)¹

Score	Baseline Respondents N=789	Year 1 Respondents N=799	Year 2 Respondents N=788	U.S. Norm Physical Component, 2002
Mental Component	40.61 (4.85)	40.32 (5.05)	40.23 (4.99)	49.37

SF-12 Mental Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Baseline Respondents N=789	Year 1 Respondents N=799	Year 2 Respondents N=788	U.S. Norm Physical Component, 2002
19-24	40.72 (4.51)	40.32 (4.77)	40.37 (5.14)	46.00
25-34	39.43 (4.75)	40.24 (5.20)	39.72 (5.20)	48.90
35-44	40.78 (4.78)	39.91 (5.00)	40.26 (4.67)	48.79
45-54	41.16 (4.91)	40.25 (5.01)	40.21 (5.16)	49.90
55+	40.92 (5.03)	41.42 (5.08)	40.82 (5.03)	50.84

Major Findings

- Mental health status among all PCN enrollees is poorer than the U.S. general population, with the largest gap existing among the 55+ age group.
- There were no significant changes in mental health status among PCN program enrollees the longer they remained on the program.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" QualityMetric, Inc., pgs. 83-84, 2002.

INDICATOR 2: PREVALENCE OF CHRONIC CONDITIONS

PCN Program Objective:

To better assess prevalence of chronic conditions among PCN enrollees.

A. DIAGNOSED CHRONIC CONDITIONS

Number and Percentage of PCN Respondents Who Have Ever Been Told by a Health Professional That He or She Had Any of the Following Chronic Conditions in Comparison with the 2001 Utah General Population¹

Chronic Condition	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1 - B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2 - Y1	Utah 2001 General Population With Diagnosis, Age 19-64 ³
	N	%	N	%	%	N	%	%	%	%
Asthma	111	13.5%	112	13.6%	0.1%	124	15.0%	1.5%	1.4%	N/A ²
Arthritis	141	17.1%	173	21.0%	3.9%	178	21.6%	4.5%	0.6%	12.6%
Cancer	30	3.6%	32	3.9%	0.3%	45	5.5%	1.9%	1.6%	N/A
Diabetes	95	11.5%	103	12.5%	1.0%	123	14.9%	3.4%	2.4%	3.8%
Depression	234	28.4%	292	35.4%	7.0%	292	35.4%	7.0%	0	N/A
Heart Disease	36	4.4%	38	4.6%	0.2%	43	5.2%	0.8%	0.6%	2.5%
High Blood Pressure	163	19.8%	184	22.3%	2.5%	224	27.2%	7.4%	4.9%	N/A
Alcohol/Drug Problems	35	4.2%	39	4.7%	0.5%	27	3.3%	-0.9%	-1.4%	N/A
Oral Health Problems	211	25.6%	281	34.1%	8.5%	247	30.0%	4.4%	-4.15%	N/A

Major Findings

- In comparison to the 2001 Utah general population, PCN enrollees have substantially more chronic conditions, with large differences identified specifically in regard to arthritis, diabetes, and heart disease.
- Depression, oral health problems, and high blood pressure are the top three conditions impacting PCN program enrollees.

Notes

1. Question #2 on the health assessment form was used to analyze Diagnosed Chronic Conditions. Multiple answers were allowed for this question.
2. Source of comparable data: Office of Public Health Assessment (2002). 2001 Health Status Survey, Salt Lake City, UT: Utah Department of Health.

INDICATOR 2: PREVALENCE OF CHRONIC CONDITIONS (CONTINUED)

B. CURRENT CHRONIC CONDITIONS

Number and Percentage of PCN Respondents Who Have Ever Been Told By a Health Professional That He or She Had a Chronic Condition and Still Have That Condition¹

Chronic Condition	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1 - B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2 – Y1
	N	%	N	%	%	N	%	%	%
Asthma	90	81.1%	90	80.4%	-0.7%	110	88.7%	7.6%	8.3%
Arthritis	132	93.6%	164	94.8%	1.2%	174	97.8%	4.2%	3.0%
Cancer	8	26.7%	10	31.3%	4.6%	9	20.0%	-6.7%	-11.3%
Diabetes	87	91.6%	98	95.1%	3.5%	115	93.5%	1.9%	-1.6%
Depression	174	74.4%	235	80.5%	6.1%	217	74.3%	-0.6%	-6.2%
Heart Disease	30	83.3%	35	92.1%	8.8%	36	83.7%	0.4%	-8.4%
High Blood Pressure	134	82.2%	146	79.3%	-2.9%	180	80.4%	-1.8%	1.1%
Alcohol/Drug Problems	13	37.1%	16	41.0%	3.9%	6	22.2%	-14.9%	-18.8%
Oral Health Problems	157	74.4%	196	69.8%	-4.6%	180	72.9%	-1.5%	3.1%

Major Findings

- For PCN Program enrollees who have been involved with the program for 2 full years, the prevalence of self-reported current conditions has dropped for cancer, depression, high blood pressure, alcohol/drug problems, and oral health problems.
- Arthritis, diabetes, and asthma are the primary conditions that continue to impact PCN program enrollees. For all three conditions, more PCN enrollees have reportedly been told by a health professional that he/she had those conditions and were still impacted by that condition at the time he/she responded to the Year 2 survey.

Notes

1. Question #3 on the health assessment form was used to analyze Current Chronic Conditions. Multiple answers were allowed for this question.

INDICATOR 3: GOT NEEDED CARE

PCN Program Objective:

To increase the percentage of PCN enrollees who need medical and dental care and prescription medications and are able to receive the needed medical and dental care and prescription medications.

A. NEEDED HEALTH CARE

Number and Percentage of PCN Enrollees Who Needed Any of the Following Kinds of Health Care¹

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
Medical Care	459	55.7%	585	71.0%	15.3%	588	71.4%	15.7%	0.4%
Dental Care	343	41.6%	432	52.4%	10.8%	407	49.4%	7.8%	-3.0%
Mental Health Care	83	10.1%	96	11.7%	1.3%	105	12.7%	2.6%	1.0%
Alcohol/Drug Treatment	9	1.1%	14	1.7%	0.6%	10	1.2%	0.1%	-0.5%
Prescription Medication	472	57.3%	536	65.0%	7.7%	568	68.9%	11.6%	3.9%
Other (eg: vision, lab/x-ray, chiropractic)	70	8.5%	69	8.4%	-0.1%	66	8.0%	-0.5%	-0.4%

Major Findings

- PCN program enrollees primarily need either medical care or prescription medications at any point during their enrollment. Over the course of their enrollment, or over the course of 2 years, these two services were in greater need, with 15.7% more enrollees needing medical care at year 3 (71.4%) as compared to 55.7% at baseline, and an additional 12% of PCN respondents needing prescription medications.

INDICATOR 3: GOT NEEDED CARE (CONTINUED)

B. ABLE TO RECEIVE NEEDED HEALTH CARE

Number and Percentage of PCN Enrollees Who Received Any of the Following Kinds of Needed Health Care¹

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
Medical Care	297	64.7%	474	81.0%	16.3%	491	83.5%	18.8%	2.5%
Dental Care	145	42.3%	274	62.7%	20.4%	247	60.7%	18.4%	-2.0%
Mental Health Care	52	62.7%	51	53.1%	-9.6%	47	44.8%	-17.9%	-8.3%
Alcohol/Drug Treatment	5	55.6%	9	64.3%	8.7%	6	60.0%	4.4%	-4.3%
Prescription Medication	294	62.3%	416	77.6%	15.3%	452	79.6%	17.3%	2.0%
Other (eg: vision, lab/x-ray, chiropractic)	14	20.0%	16	23.2%	3.2%	16	24.2%	4.2%	1.0%

Major Findings

- With the exception of mental health care, over time, PCN program enrollees were generally able to obtain needed health care. By year 2, more enrollees obtained needed medical (18.8%), dental care (18.4%), and prescription medications (17.3%).

Notes

1. Frequencies (%) represent those respondents who indicated that they needed AND received the various health care services.

INDICATOR 4: RECEIVED ROUTINE CARE

PCN Program Objective:

To increase the use of routine health care among PCN enrollees.

Number and Percentage of PCN Respondents Who Went to a Health Provider to Get Routine Care for Themselves in the Last Six Months¹

	Baseline Respondents (N=816)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1	Utah General Population 2001 (Health Status Survey)
	N	%	N	%	%	N	%	%	%	%
None	404	49.5%	228	27.9%	-21.6%	228	27.8%	-21.7%	-0.1%	70.7%
Once	164	20.1%	194	23.7%	3.6%	216	26.4%	6.3%	2.7%	
Twice	90	11.0%	159	19.4%	8.4%	132	16.1%	5.1%	-3.3%	
Three Times	47	5.8%	77	9.4%	3.6%	93	11.4%	5.6%	2.0%	
Four Times	34	4.2%	66	8.1%	3.9%	53	6.5%	2.3%	-1.6%	
5 to 9 Times	60	7.4%	64	7.8%	0.4%	70	8.5%	1.1%	0.7%	
10+ Times	17	2.1%	30	3.7%	1.6%	27	3.3%	1.2%	-0.4%	
One or More Times	412	50.5%	590	72.1%	21.6%	592	72.3%	21.8%	0.2%	

Major Findings

- After being enrolled in the PCN program for two years, approximately 22% more respondents obtained routine health care in the 6 months prior to responding to the survey.
- Utilization rates between the PCN enrollees and the general population of Utah show negligible differences at approximately 1.6%.

Notes

1. Question #6 on the health assessment form was used to analyze Got Needed Care.
2. Source of comparable data: Office of Public Health Assessment (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.

INDICATOR 5: EMERGENCY DEPARTMENT VISITS

PCN Program Objective:

To reduce preventable or avoidable emergency department visits among PCN enrollees.

Number and Rate of PCN Respondents Who Went to an Emergency Room to Get Care for Themselves in the Last Six Months

	Baseline Respondents (N=795)		Year 1 Respondents (N=808)		Change Y1-B	Year 2 Respondents (N=807)		Change Y2-B	Change Y2-Y1	Utah Population, Age 18-64 ED Visit Rate, 2000 (Six Month Estimate)
	N	%	N	%	%	N	%	%	%	%
None	666	83.8%	665	82.3%	-1.5%	676	82.0%	-1.8%	-0.3%	12.3%
One	83	10.4%	96	11.9%	1.5%	92	11.2%	0.8%	-0.7%	
Two or Three	38	4.8%	37	4.6%	-0.2%	31	3.8%	-1.0%	-0.8%	
Four or More	8	1.0%	10	1.2%	0.2%	8	1.0%	0	-0.2%	
One or More Times	129	16.2%	143	17.7%	1.5%	131	16.2%	0	-1.5%	

Major Finding

- On average, 16.7% of PCN enrollees went to an emergency room sometime during the 6 months prior to completing the PCN health assessment. Proportions indicate little change in ER utilization over the course of 1 or 2 years of enrollment in the PCN program.
- PCN enrollees appear to obtain emergent care approximately 4% more often than the Utah general population; however, due to the degree of chronic and current conditions, it is likely that the PCN population has more emergent needs than that of the general population.

Notes

- Question #10 on the health assessment form was used to analyze Emergency Department Visits.
- Source of comparable data: Utah Office of Health Care Statistics (2002). Utah Emergency Department Encounter Database, Salt Lake City, UT: Utah Department of Health. Note: Comparable data is for the 18-64-year age group.

INDICATOR 6: HOSPITALIZATIONS

PCN Program Objective:

To reduce preventable or avoidable hospitalizations among PCN enrollees.

Number and Rate of Hospitalizations for PCN Respondents Who Stayed Overnight in a Hospital in the Last Six Months

	Baseline Respondents (N=817)		Year 1 Respondents (N=818)		Change Y1-B	Year 2 Respondents (N=814)		Change Y2-B	Change Y2-Y1	Utah Population, Age 18-64 Hospitalization, 2001 (Six Month Estimate)
	N	%	N	%	%	N	%	%	%	Rate per 10,000 Utah Residents
None	765	93.6%	782	95.6%	2.0%	780	94.7%	1.1%	-0.9%	4.2%
One	39	4.8%	24	2.9%	-1.9%	26	3.2%	-1.6%	0.3%	
Two or Three	7	0.9%	11	1.3%	0.4%	6	0.7%	-0.2%	-0.6%	
Four or More	6	0.7%	1	0.3%	-0.4%	2	0.2%	-0.5%	-0.1%	
One or More Times	96	11.9%	77	9.4%	-2.5%	87	10.7%	-1.2%	1.3%	

Major Findings

- Over the course of their enrollment in the PCN program, the rate of PCN enrollee hospitalizations decreased by just over 1%.
- PCN enrollees appear to be staying overnight in hospitals 6% more than Utah's general population; however, based upon the frequency of past and present health conditions, it is likely that PCN enrollees are sicker to begin with and have greater needs.

Notes

1. Question #13 on the health assessment form was used to analyze Self-Reported Hospitalizations.

INDICATOR 7: GOT SPECIALTY CARE

PCN Program Objective:

To increase the number of PCN enrollees who need specialty care and are able to receive the needed care.

A. NEEDED SPECIALTY CARE

Number and Percentage of PCN Enrollees Whose Doctors Thought They Needed Specialty Care in the Last Six Months¹

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
Yes	230	27.9%	310	37.6%	9.7%	312	37.9%	10.0%	0.3%
No	569	69.1%	504	61.2%	-7.9%	498	60.4%	-8.7%	-0.8%
Unknown	25	3.0%	10	1.2%	-1.8%	14	1.8%	-1.2%	0.6%
Total	824	100.0%	824	100.0%		824	100.0%		

Major Findings

- The proportion of PCN enrollees who needed specialty care gradually increased over the course of their enrollment in the PCN program. There was a 10% increase in respondents reporting the need to obtain specialty care in the 6 months prior to responding to the survey.
- Given the fact that visits to routine health care providers increased by over 20%, it is likely that enrollees received more accurate assessments of their health care needs, which is reflected in their need for more specialty services.

Notes

1. Question #14 on the health assessment form was used to analyze Needed Specialty Care.

INDICATOR 7: GOT SPECIALTY CARE (CONTINUED)

B. ABLE TO RECEIVE NEEDED SPECIALTY CARE

Number and Percentage of PCN Enrollees Who Received Needed Specialty Care in the Last Six Months¹

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
Yes	138	60.0%	133	42.9%	-17.1%	141	45.2%	-14.8%	2.3%
No	88	38.3%	174	56.1%	17.8%	168	53.8%	15.5%	-2.3%
Unknown	4	1.7%	3	1.0%	-0.7%	3	1.0%	-0.7%	0
Total	230	100.0%	310	100.0%		312	100.0%		

Major Findings

- Approximately half of PCN enrollees received needed specialty care in the six months prior to responding to the survey. However, since initial enrollment, PCN respondents were less likely to receive needed specialty care at the year 3 survey as compared to the baseline survey.

Notes

- Frequencies (%) represent those respondents that indicated that they, either by personal opinion or suggested by a doctor, needed to see a specialist.

INDICATOR 8: PREVALENCE OF SMOKING AND CHEWING TOBACCO USE

PCN Program Objective:

To reduce self-reported tobacco use among PCN enrollees who currently use tobacco.

A. USE OF CIGARETTES AND CHEWING TOBACCO

Number and Percentage of PCN Respondents Who Now Smoke or Use Chew Tobacco, in Comparison with the Utah General Adult Population¹

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1	% of Utah General Adult Population
	N	%	N	%	%	N	%	%	%	%
Yes	195	23.7%	222	26.9%	3.2%	200	24.3%	0.6%	-2.6%	10.0%
No	609	73.9%	599	72.7%	-1.2%	611	74.2%	0.3%	1.5%	12.0%
Unknown	20	2.4%	3	0.4%	-2.0%	13	1.6%	-0.8%	1.2%	78.0%
Total	824	100.0%	824	100.0%		824	100.0%			100.0%

Major Findings

- Approximately 25% of PCN enrollees either smoke or use chew tobacco.
- The number of PCN respondents who either smoke or chew tobacco is 2 ½ times greater (24.3% versus 10.0%) than the Utah general adult population.

Notes

1. Question #31 (Tobacco Use) and Question #32 (Request for Information) on the health assessment form were used for this analysis.
2. Current cigarette smoking (age 19 and over) = has smoked 100 cigarettes or more and currently smokes every day or some days.
3. Source of comparable information: Office of Public Health Assessment (2001). Utah's Behavioral Risk Factor Surveillance System Questionnaire, Salt Lake City, UT: Utah Department of Health.

INDICATOR 9: PROBLEM OF GETTING NEEDED CARE

PCN Program Objective:

To reduce access barriers for PCN enrollees who need care that the enrollee or doctor believes necessary.

Number and Percentage of PCN Respondents Who Reported There was a Problem Getting the Care a Doctor Believed Necessary in the Last Six Months

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
A Big Problem	172	20.9%	129	15.7%	-5.2%	155	18.8%	-2.1%	3.1%
A Small Problem	148	18.0%	138	16.7%	-1.3%	122	14.8%	-3.2%	-1.9%
Not a Problem	154	30.8%	404	49.0%	18.2%	401	48.7%	17.9%	-0.3%
Did Not Need Health Care	226	27.4%	144	17.5%	-9.9%	128	15.5%	-11.9%	-2.0%
Unknown	24	2.9%	9	1.1%	-1.8%	18	2.2%	-0.7%	1.1%
Total	824	100.0%	824	100.0%		824	100.0%		

Major Findings

- Nearly 34% of PCN enrollees reported having some problems getting needed care sometime in the 6 months prior to responding to the year 2 PCN survey. Although substantial, this does represent a 5.3% decrease since initial enrollment. Thus, by year 2, fewer PCN enrollees reported having problems obtaining needed medical care.
- Approximately 50% of PCN enrollees reported not having any problems obtaining needed health care. This represents an 18% increase in the number of PCN enrollees who reportedly had no problems obtaining needed health care.

Notes

1. Question #7 on the health assessment form was used to analyze Problem Receiving Needed Care.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

INDICATOR 10: PROBLEM OF GETTING REFERRALS TO SPECIALISTS

PCN Program Objective:

To reduce the percentage of self-reported difficulty to get the care that an enrollee or a doctor believed necessary.

Number and Percentage of PCN Respondents Who Reported There Was a Problem Getting a Referral to a Specialist

	Baseline Respondents (N=824)		Year 1 Respondents (N=824)		Change Y1-B	Year 2 Respondents (N=824)		Change Y2-B	Change Y2-Y1
	N	%	N	%	%	N	%	%	%
A Big Problem	69	30.0%	123	39.7%	9.7%	146	46.8%	16.8%	7.1%
A Small Problem	22	9.6%	46	14.8%	5.2%	43	13.8%	4.2%	-1.0%
Not a Problem	133	57.8%	135	43.5%	-14.3%	117	37.5%	-20.3%	-6.0%
Unknown	6	2.6%	6	1.9%	-0.7%	6	1.9%	-0.7%	0
Total	230	100.0%	310	100.0%		312	100.0%		

Major Findings

- Nearly 61% percent of all PCN respondents reportedly had problems getting a referral to her/his needed specialist.
- By year 3, more PCN respondents had problems getting needed referrals as compared to year 1 or year 2 surveys.

Notes

1. Frequencies (%) represent those respondents who reported that they, or a physician, believed they needed to see a specialist.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

V. References

1. QualityMetric Incorporated. (2002). SF-12v2: How to Score Version 2 of the SF-12 Health Survey. Lincoln, RI.
2. Office of Public Health Assessment (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.
3. Utah Office of Health Care Statistics (2002). Utah Emergency Department Encounter Database. Salt Lake City, UT: Utah Department of Health.
4. Utah Office of Health Care Statistics (2002). Utah Inpatient Hospital Discharge Database. Salt Lake City, UT: Utah Department of Health.
5. Utah Office of Health Care Statistics (2001). 2001 Utah HMO Performance Report, How to Compare HMOs: Part I, Consumer Satisfaction Survey Results. Salt Lake City, UT: Utah Department of Health.
6. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001.

VI. Appendices

Appendix A. The PCN Self-Health Assessment Questionnaire

Please contact Pamela Clarkson Freeman, PhD at 801-538-6419 or pcfrema@utah.gov if you have additional questions.



Primary Care Network (PCN) Enrollee HEALTH ASSESSMENT

UTAH DEPARTMENT OF HEALTH
01/16/03

Your health assessment will help the PCN program to provide a better health service to you and improve our services. We will not release your personal information to anyone. All information that would let someone identify you or your family will be kept private. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

SURVEY INSTRUCTIONS:

- Answer each of the questions by **completely filling in** the circle to the left of your answer.
 - ☐ Yes
 - ☐ No
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - ☐ Yes → Go to Question 3
 - ☐ No

PCN ID Number: _____

Case Number: _____

Date: ____/____/2003
mm dd

START HERE ↓

1. In general, how would you rate your overall health now? Check one:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following? Check all that apply:

- ☐ Asthma
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression
- ☐ Heart Disease
- ☐ High blood pressure
- ☐ Alcohol/drug problems
- ☐ Tooth pain or other oral health problem, or
- ☐ None of the above

3. Do you still have any of the following? Check all that apply:

- ☐ Asthma
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression
- ☐ Heart Disease
- ☐ High blood pressure
- ☐ Alcohol/Drug Problems
- ☐ Tooth pain or other oral health problem, or
- ☐ None of the above

4. In the past 6 months have you needed any of the following kinds of health care? Check all that apply:

- ☐ Medical care
- ☐ Dental care
- ☐ Mental health care
- ☐ Alcohol/drug treatment
- ☐ Prescription medication
- ☐ Other (Please print) _____

5. If you checked **any of the above**, were you able to **GET the health care you needed in the last 6 months**? If No, what was the reason? Check **all** that apply:

<u>Type of Care</u>	<u>Yes</u>	<u>No</u>	<u>If No, Why?</u>
Medical care	<input type="radio"/>	<input type="radio"/>	_____
Dental care	<input type="radio"/>	<input type="radio"/>	_____
Mental health care	<input type="radio"/>	<input type="radio"/>	_____
Alcohol/drug treatment	<input type="radio"/>	<input type="radio"/>	_____
Prescription medication	<input type="radio"/>	<input type="radio"/>	_____
Other	<input type="radio"/>	<input type="radio"/>	_____

YOUR HEALTH CARE

The following questions are about your health care needs and the health care services that you have used in the past 6 months. Even if you have not needed health care or you have not used health care services, your answers to these questions are important.

Routine health care includes illness or injuries that do **not** require care right away, such as colds and sprains, and preventive care such as a check up, breast exam, Pap smear, prostate exam, blood pressure check, blood sugar test, etc.

6. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a health provider to get **routine care** for yourself?
- ☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times
7. In the last 6 months, how much of a problem, if any, was it to **get the care you or a doctor believed necessary**?
- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not need health care in the past 6 months
8. In the last 6 months, did you have an **illness or injury that needed care right away** from a doctor's office, clinic, or emergency room?
- ☐ Yes → Go to Question 9
☐ No → Go to Question 10
9. If Yes, how often did you get this care as soon as you wanted?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
10. **In the last 6 months**, how many times did you go to an **emergency room** to get care for yourself?
- ☐ None → Go to Question 12
☐ 1 → Go to Question 11
☐ 2 or 3 → Go to Question 11
☐ 4 or more times → Go to Question 11
11. If you did go to an emergency room, what was the **reason** for you to go the **emergency room instead of somewhere else** for health care? Check **all** that apply:
- ☐ I needed emergency care
☐ Doctor's office/clinics were closed
☐ I have no personal doctor
☐ I have no health insurance
☐ I could not afford to pay to see a doctor sooner
☐ I did not know where else to go
☐ Other (Please print) _____
12. **In the last 6 months**, how many times did you go to an **urgent care clinic**, such as InstaCare to get care for yourself?
- ☐ None
☐ 1
☐ 2 or 3
☐ 4 or more times
13. **In the last 6 months**, how many times did you have to **stay overnight in a hospital**? "Overnight" means you stayed in a hospital at least one night, and perhaps more than one night, because you were ill or injured. If you are a woman, do not include staying in the hospital while giving birth.
- ☐ None
☐ 1
☐ 2 or 3
☐ 4 or more times

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. When you answer the next questions, do not include dental visits.

14. In the last 6 months, did you or a doctor think you **needed to see a specialist**?
- ☐ Yes → Go to Question 15
☐ No → Go to Question 20

15. If Yes, how much of a problem, if any, was it to get a referral to the specialist that you needed to see? (Referral can be a slip of paper, verbal instruction, or an appointment.)

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem

16. In the last 6 months, did you see a specialist?

- ☐ Yes → Go to Question 17
- ☐ No → Go to Question 20

17. Did any specialist recommend follow-up tests or treatments to you, such as lab test, X-ray, physical therapy, or chemotherapy, etc.?

- ☐ Yes → Go to Question 18
- ☐ No → Go to Question 20

18. If Yes, did you get follow-up treatment?

- ☐ Yes → Go to Question 20
- ☐ Some follow-up, but not all that was recommended → Go to Question 19
- ☐ No → Go to Question 19

19. If No or Some follow-up, why did you not get all of the follow-up treatment recommended? Check all that apply:

- ☐ Not covered by health insurance
- ☐ Could not afford
- ☐ Could not find the location for follow-up treatment
- ☐ Other (Please print) _____

YOUR HEALTH

20. The next few questions ask about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU IN MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, or bowling? Would you say you are limited a lot, a little, or not at all?

- ☐ A lot
- ☐ A little
- ☐ Not at all

21. How about climbing several flights of stairs? Would you say your health limits you a lot, a little, or not at all?

- ☐ A lot
- ☐ A little
- ☐ Not at all

During the past 4 WEEKS, how much of the time have you had any of the following problems with your work or regular daily activities **AS A RESULT OF YOUR PHYSICAL HEALTH**?

22. How much of the time have you accomplished less than you would like?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

23. How much of the time were you limited in the kind of work or other activities you could do?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

During the past 4 WEEKS, how much of the time have you had any of the following problems with your work or other daily activities **AS A RESULT OF ANY EMOTIONAL PROBLEMS**, such as feeling depressed, or anxious.

24. How much of the time have you accomplished less than you would like?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

25. How much of the time did you have trouble doing work or other activities as carefully as usual?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

26. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

The next three questions ask about how you feel and how things have been with you during the past 4 WEEKS.

27. How much of the time during the past 4 weeks have you felt calm and peaceful?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

28. How much of the time during the past 4 weeks did you have a lot of energy?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

29. How much of the time during the past 4 weeks have you felt downhearted and blue?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

30. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities, like visiting with friends, relatives, etc.?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

31. Do you now smoke or use chew tobacco every day, some days or not at all?

- ☐ Every day → Go to Question 32
- ☐ Some days → Go to Question 32
- ☐ Not at all → Go to Question 33

32. Would you like information on a free program to help you quit smoking or chewing tobacco?

- ☐ Yes
- ☐ No

ABOUT YOU

33. What is the highest year or grade of education you have completed?

- ☐ Some high school or less
- ☐ High school graduate/GED
- ☐ Some college or vocational school
- ☐ Tech./Vocational school grad/Assoc. degree
- ☐ College graduate (4-year college degree)
- ☐ Some postgraduate courses
- ☐ Postgraduate/Professional degree

34. What do you usually do when you don't feel well enough to work (for example, go to your job, do housework, or take care of your children)?

- ☐ Make an appointment and go to the doctor
- ☐ Wait until I'm really sick and then go to the clinic
- ☐ Wait until I'm really sick and then go to the emergency department.

35. What language do you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Other (Please print)_____

36. How old were you at your last birthday?

____ Years

37. What is your gender? ☐ Male ☐ Female

THANK YOU!

If you have any questions about this health assessment, please call the Office of Health Care Statistics at (801) 538-7048.

FOR PCN STAFF USE ONLY

A. Did someone help the consumer complete this survey?

- ☐ Yes
- ☐ No

B. If Yes, does he or she need a special language survey?

- ☐ Yes, the language is _____
- ☐ No

C. Initials of PCN Representative _____